PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)		
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			021958-000110US		
Application Number 10/574,812			Filed April 5, 2006		
For	DEFINED DOSE THERAPEUTIC PHAGE		· · · · · · · · · · · · · · · · · · ·		
Art Unit 1636			Examiner Jennifer	Examiner Jennifer Ann Dunston	
	is a request under the provisions of 37 CFR 1.136(cation.	a) to extend the p	eriod for filing a reply in	the above identified	
The	requested extension and fee are as follows (check	time period desire	d and enter the appropr	riate fee below):	
		Fee	Small Entity Fee		
	One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ 65	
	Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$	
	Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$	
	Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$	
	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$	
\boxtimes	Applicant claims small entity status. See 37 CFR	1.27.			
A check in the amount of the fee is enclosed.					
	Payment by credit card. Form PTO-2038 is attached.				
\boxtimes	The Director has already been authorized to charge fees in this application to a Deposit Account.				
\boxtimes	ne Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to eposit Account Number _20-1430				
	WARNING: Information on this form may become public Provide credit card information and authorization on P	c. Credit card inform TO-2038.	nation should not be inclu	ded on this form.	
l a	m the applicant/inventor.				
	assignee of record of the entire Statement under 37 CFR 3:				
	attorney or agent of record. Req	gistration Number	50,463		
	attorney or agent under 37 CFR Registration number if acting un				
	Out Hus			22, 2011	
	Signature			Date	
Carol P. Johns, Reg. No. 50,463 Typed or printed name			(415) 576-0200 Telephone Number		
			·		
	 Signatures of all the inventors or assignees of record of the entirender of the entirender of the entirender of the entire is required, see below. 	e interest or their repre	sentative(s) are required. Sut	omit multiple forms if more t	
\boxtimes	Total of 1 forms are s	ubmitted.			